

# Application

## Certified Professional Evaluator

**CERTIFICATION (License):** ☐ New ☐ Renewal

Please print – Any incomplete Application will be returned to the Applicant and certification/renewal may expire during processing period.

Applicant \_\_\_\_\_

Company \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

Company Telephone \_\_\_\_\_ Cellular Number \_\_\_\_\_

Email Address \_\_\_\_\_

### REQUIREMENTS (MS Code of 1972, Annotated 41-67-37)

#### New:

1. Complete and return Application
2. Attend the Mississippi State Department Health 14-day training course (Soil and System Design)
3. Remit \$125.00 fee (Schedule, study material, map and Examination seating)
4. Receive examination score (Letter)

#### Pass

- a) Submit valid Error and Omission Policy
- b) Submit \$600.00 fee (Certificate)

#### Fail

- a) Complete and return Application
- b) Submit \$100.00 fee (Examination)

#### Renewal:

1. Complete and return Application with \$500.00 fee (Certificate)
  2. Submit valid Error and Omission Policy (\$50,000 per occurrence and at least \$100,000 in total aggregate)
  3. Submit proof of CEU/PDH hours taken in calendar year
- NOTE: If you do not have your CEU/PDH hours, complete attached CEU/PDH registration sheet and return with \$25.00 fee (Schedule and map)

**ATTESTATION** I attest and certify that all information submitted is accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mississippi State Department of Health**  
 Division of On-site Wastewater  
 805 South Wheatley Street, Suite 340  
 Ridgeland, MS 39157  
[www.healthymys.com](http://www.healthymys.com)

(Time/Date Stamp)

<b>NEW</b>	<b>OFFICE USE ONLY</b>	<b>RENEWAL</b>
Examination <input type="checkbox"/> Pass <input type="checkbox"/> Fail  <input type="checkbox"/> Copy of Error and Omission    Expiration Date _____  <input type="checkbox"/> Remittance of Fee \$ _____ <div style="margin-left: 40px;"> <input type="checkbox"/> Check   <input type="checkbox"/> M/O   <input type="checkbox"/> Credit/Debit   <input type="checkbox"/> Cash         </div> Certification No. <u>CPE -</u> _____ Date _____	<input type="checkbox"/> Copy of CEU/PDH documentation  <input type="checkbox"/> Copy of Error and Omission    Expiration Date _____  <input type="checkbox"/> Remittance of Fee \$ _____ <div style="margin-left: 40px;"> <input type="checkbox"/> Check   <input type="checkbox"/> M/O   <input type="checkbox"/> Credit/Debit   <input type="checkbox"/> Cash         </div> Certification No. <u>CPE -</u> _____ Date _____	

# Application

## Certified Professional Evaluator

### Form 452 E

#### PURPOSE

To provide an application for any person who wishes to receive certification to design and construct an Individual On-site Wastewater Disposal Systems.

#### INSTRUCTIONS

Type

1. Check appropriate box New or Renewal.

Applicant

2. Applicant – Enter name applying for certification
3. Company – Enter the name under which the Applicant's business operates
4. Company Mailing Address – Enter mailing address of the company
5. Company Telephone – Enter the company's telephone number
6. Cellular Number – Enter you cellular number.
7. Applicant's Cellular Number – Enter the applicant's cellular number
8. Email Address – Enter the Applicant's email address or company email address.

Attestation

9. Signature – Applicant's name
10. Date – Enter the day the application was signed

Office Use (New)

11. Check box Pass or Fail
12. Check box Copy of Error and Omission
13. Enter the date Error and Omission expires
14. Check box Remittance of Fee and write in amount
15. Check Appropriate Box for Check, Money Order, Credit/Debit or Cash
16. Certification No. – Automatically assigned by the wastewater computer program to applicant
17. Date – Enter date application is received

Office Use (Renewal)

18. Check box Copy of CEU/PDH (certificate of participation or proof of registration)
19. Check box Copy of Error and Omission
20. Enter the date Error and Omission expires
21. Check box Remittance of Fee and write in amount
22. Check Appropriate Box for Check, Money Order, Credit/Debit or Cash
23. Certification No. – Enter existing Certification Number
24. Date – Enter date application is received

#### OFFICE MECHANICS AND FILING

From the Division, the Special Project Officer verifies the information received from the Applicant, then enters the data in the wastewater computer program, prints the certificate, and deposits monies received. The Special Project Officer then mails the certificate to the Applicant.

#### RETENTION PERIOD

The Division of On-site Wastewater will retain the Application for 3 years or until audited.